

Connecticut Coalition of Advanced Practice Nurses

American College of Nurse-Midwives (ACNM), Region I, Chapter 2
Connecticut Advanced Practice Registered Nurses Society (CTAPRNS)
Connecticut Association of Nurse Anesthetists (CANA)
Connecticut Nurses' Association (CNA)
Connecticut Chapter of the American Psychiatric Nurses Association (APNA-CT)
National Association of Pediatric Nurse Practitioners (NAPNAP), Connecticut Chapter
New England Chapter of the Gerontological Advanced Practice Nurses Association (NEGAPNA)
The Northwest Nurse Practitioner Group

Public Health Committee Hearing

February 22, 2017

Senator Gerratana, Senator Somers, Representative Srinivasin, Representative Steinberg and esteemed members of the Public Health Committee.

My name is Dr. Lynn Rapsilber DNP ANP-BC APRN FAANP and I am a Nurse Practitioner. I am the Chair of the Coalition of Advanced Practice Nurses.

I am opposing _HB 6025___ AA ALLOWING MEDICAL ASSISTANTS TO ADMINISTER MEDICATION UNDER SUPERVISION

Expanding the scope of practice of medical assistants is a concern to the safety of the residents of Connecticut. It can compromise the license of a nurse as well.

The Medical Assistants submitted a Scope of Practice Review 2012-2013 to the Department of Public Health. A review committee convened to review the merits of a SOP change. See attached report link.

http://www.ct.gov/dph/lib/dph/practitioner_licensing_and_investigations/scope_of_practice/medical_assistants_final_report.pdf

In the Final Report delivered to the General Assembly, 2-1-2013, there were concerns regarding the education and training received by medical assistants. The concern was not in the delivery of medications, anyone can give a medication. What is concerning addresses what the medical assistant does not know. Does a medical assistant know....

1. What is the medication?
2. How does it work?
3. Why is this patient getting it?
4. How am I giving this medication?
5. What are the side effects of this medication?
6. Is there a reason the patient should not get this medication?

7. Is the patient allergic to this medication or some component of the medication?
 - a. Thimerosal is in the tetanus for example
8. What if the patient has a reaction?

I Ask....Is the training a medical assistant obtains adequate to answer these questions?

The report also expressed a concern about the term supervision and what it means. The report clearly stated "The term **"direct supervision"** must be clearly defined to require **the physician to remain on the premises at all times** that treatment orders for medication administration are being carried out by the medical assistant, be within reasonable proximity to the treatment room and able to observe, assess and take any necessary action regarding effectiveness, adverse reaction or any emergency."

The issue may not necessarily affect a hospital setting where there are an abundance of staff and physician supervision. There is a genuine issue regarding the physician being in the office during the administration of medication by a medical assistant. This is a concern when the physician may be at the hospital or on vacation or at a meeting off site. Will there truly be someone available when the medical assistant needs them? Will there be a Saturday "flu clinic" where the only person there is the medical assistant. Would they know this is wrong? Would they give the medication because they were told to give it by the physician?

Lastly, the report further states, "mechanisms to ensure that patients are aware of a practitioner's qualifications and the services that he or she may provide must be considered as a part of any proposal that moves forward."

Will the patient really know who is administering the medication to them? Will there be a notification to the patient before the medication is administered so the patient has a choice to opt out?

This request is a concern for nursing and nurses around delegation of duties by nurses. Medical assistants are considered unlicensed personnel to which a nurse can delegate nursing functions. There was a Declaratory Ruling - Delegation by Licensed Nurses to Unlicensed Assistive Personnel rendered on April 5, 1995 by the Connecticut Board of Examiners for Nursing.

The Board finds that Chapter 378, Section 20-101, of the General Statutes of Connecticut allows delegation of nursing functions to unlicensed personnel by the registered nurse. Authority to perform selected nursing tasks in selected situations is transferred to competent (is defined by the Board as follows: unlicensed assistive personnel are presumed to have baseline competency if they are certified as a Certified Nursing Assistant or Home Health Aide ...or hold another Board approved State certification, and if documentation of task specific competency, specific to the task being delegated, exists. If the nurse delegates a task to an unlicensed personnel who does not hold such certification and competency validation, the nurse bears responsibility to verify that the person to whom the task is being delegated is competent to perform such task. However, the registered nurse retains responsibility for the total nursing process and for its outcomes in all situations where delegation has occurred.

The nurse, when making decisions about delegation, shall consider:

- client safety and the potential for client harm;
- the stability and acuity of the client's condition;
- the nature and complexity of the task (as referenced in Subsection F of this section);
- the type of technology employed in providing nursing care with consideration given to the knowledge and skill required to effectively use the technology;

- . relevant infection control and safety issues;
- . the requisite competency of the person to whom the task is being delegated, as referenced in the definition of "competent," as specified on page 7;
- . the ability of the nurse to provide supervision and evaluation of the specific task being delegated (as referenced in Subsection D1 and 2 of this section);
- . the adequacy of resources available to the nurse to support, direct, supervise and evaluate the delegated activity;
- . the proximity and availability of the nurse responsible for delegation or assistance (as referenced in Subsection D1 and 2 of this section).

It is at the discretion of the nurse to delegate to unlicensed personnel a nursing function. It is the nurse who determines if adequate resources and support are available to them to support, direct, supervise and evaluate the delegation activity. The nurse must make the determination if task can be properly and safely performed by the unlicensed personnel and is in the best interest of the client's safety and welfare. The unlicensed personnel cannot be delegated tasks requiring nursing assessment and judgment, care planning and evaluation. These are part of the nursing process which is a licensed activity. Any part of this process done by unlicensed personnel is practicing nursing without a license.

http://www.ct.gov/dph/lib/dph/phho/nursing_board/guidelines/unlicensed_ap_dec_rul.pdf

There are too many unanswered questions to move this issue forward. There are real concerns surrounding medical assistant education, training, delegation and supervision of such tasks for the safety of the public.

Lynn Rapsilber DNP APRN ANP-BC FAANP

lrapsilber@optonline.net